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Bib Data Sheet

CONFIRMATION NO. 1268

SERIAL NUMBER 10/688,404	FILING DATE 10/17/2003 RULE	CLASS 401	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 325-26-002
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APPLICANTS *PJ*

Paige Apar, Oak Park, CA;
 Vanessa McGarry, Oak Park, CA;

** CONTINUING DATA ***** *PJ*

** FOREIGN APPLICATIONS ***** *PJ*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
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Examiner's Signature *mt* Initials

ADDRESS
 23935
 KOPPEL, JACOBS, PATRICK & HEYBL
 555 ST. CHARLES DRIVE
 SUITE 107
 THOUSAND OAKS , CA
 91360

TITLE
 Sound emitting dispenser

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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